

South Carolina  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Post Office Box 8206  
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www.dhhs.state.sc.us

October 3, 2006

## MEDICAID BULLETIN

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**TO:           Physicians, Hospital Providers, and Infusion Centers**

**SUBJECT:   Rate Increase for Synagis® Injectable**

Effective with dates of service October 15, 2006, the South Carolina Department of Health and Human Services (SCDHHS) will increase reimbursement for Synagis®. The new rates will apply to all providers including Specialty Pharmacies.

SCDHHS has established a 50 mg rate and a 100 mg rate. For multiples of 50 mg dosages (150 mg) or 3 units, SCDHHS will pay the 100mg price plus the 50 mg price not to exceed 4 units. Please refer to the chart below. Procedure Code 90772 (Therapeutic, Prophylactic or Diagnostic Injections) may also be billed for the administration of the drug at a \$4.00 reimbursement rate.

**Provider Bills**

90378 x 1 unit  
90378 x 2 units  
90378 x 3 units  
90378 x 4 units

**Medicaid Pays**

\$ 752.59  
\$1,421.09  
\$1,421.09 + \$752.59  
\$2,842.18

Payment for Synagis® remains limited to six doses per season, given on or after October 1<sup>st</sup> and no later than March 31<sup>st</sup>. No prior approval is required for up to six doses as long as they are given at least 30 days apart and meet the guidelines of the American Academy of Pediatrics (AAP) for Synagis® administration. Prior approval by the DHHS Medical Director will be required for any dose over the limit of six or any dose administered after the RSV season (October-March).

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative at either the Division of Physician Services at (803) 898-2660, or Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr  
Director

RMK/bgvb

**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:  
<http://www.dhhs.state.sc.us/dhhsnew/service providers/eft.asp>